

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/08/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>LYND HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2410 EAST MCGALLIARD ROAD</b> <b>MUNCIE, IN 47303</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00088882.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the State Licensure Survey completed on 3/27/11.</p> <p>Complaint IN00088882 - Unsubstantiated, Due to lack of evidence.</p> <p>Survey Date: June 8, 2011</p> <p>Facility number: 004428 Provider number: 004428 AIM number: n/a</p> <p>Survey team: Delinda Easterly, RN, TC Betty Retherford, RN Karen Lewis, RN Ginger McNamee, RN</p> <p>Census bed type: Residential: 44 Total: 44</p> <p>Census payor type: Other: 44 Total: 44</p> <p>Sample: 4</p> <p>Lynd House was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00088882.</p> <p>Quality review completed on June 8, 2011 by Bev Faulkner, RN</p>	R 000			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

QQUS11

If continuation sheet 1 of 1